

Parent/Guardian Release Agreement



The personal information on this form is collected under authority of Section 11 of the Municipal Act 2001, SO 2001, c. 25 and will be used to administer the City of Mississauga Recreation Camp Programs and specifically to ensure that children are not released to anyone other than those listed on the form. Questions about this collection should be directed to: Manager, Customer Service Centre, at 905-615-4100.

Participant(s)

ONE	Last Name - CHILD	Provide any information regarding the participant which may be helpful to staff.
	First Name Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
TWO	Last Name - CHILD	Provide any information regarding the participant which may be helpful to staff.
	First Name Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
THREE	Last Name - CHILD	Provide any information regarding the participant which may be helpful to staff.
	First Name Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Parent/Guardian

ONE	Last Name - PARENT/GUARDIAN		First Name - PARENT/GUARDIAN	
	Home Phone	Business Phone	Cell / Pager	
	Last Name - PARENT/GUARDIAN		First Name - PARENT/GUARDIAN	
TWO	Home Phone		Business Phone	
	Last Name - PARENT/GUARDIAN		First Name - PARENT/GUARDIAN	
	Home Phone		Business Phone	
	Cell / Pager			

The participants will be released to those individuals listed below on this form. Ensure you list all people who are authorized to pick up your child(ren). Photo I.D. will be requested.

To ensure a safe exit for your child/ren from our program, or in case of an emergency situation, please provide the following information. Any change in the arrangements must be done in advance.

Indicate ONE preferred release type: My child/ren may leave the program unescorted at _____ p.m.
 My child/ren will be picked up at the program.

Last Name	First Name	Phone
Last Name	First Name	Phone
Last Name	First Name	Phone
Last Name	First Name	Phone

Print Name	Signature
Date	